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SSY-105-B

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: William A. Cline, Michael R. Bonner
Serial No.: 10/536,765
Filing Date: May 26, 2005
Art Unit/Examiner unknown/unknown

CERTIFICATION OF FACSIMILE TRANSMISSION

Sir:

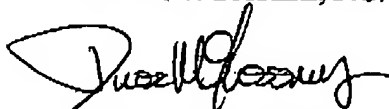
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Respectfully submitted,

YOUNG & BASILE, P.C.



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Dated: December 7, 2005
DMG/ljo

PTO/SB/82 (04-05)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/536,765
Filing Date	26 May 2005
First Named Inventor	William A. Cline
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	49456-0040 SSY-105-B

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR--

☒ I hereby appoint the practitioners associated with the Customer Number: 32299☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

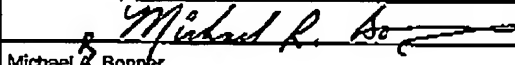
48980

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Young & Basile, PC				
Address	3001 West Big Beaver Rd. Suite 624				
City	Troy	State	Michigan	Zip	48084
Country	US				
Telephone	248.649.3333	Email			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Michael R. Bonner		
Date	11/22/05	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/536,765
Filing Date	26 May 2005
First Named Inventor	William A. Cline
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	48466-0010 55Y-105-B

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

32299

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

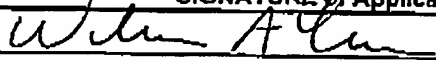
48980

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Young & Basile, PC				
Address	3001 West Big Beaver Rd. Suite 624				
City	Troy	State	Michigan	Zip	48064
Country	US				
Telephone	248.649.3333	Email			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	William A. Cline		
Date	11.2.05	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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